

Declaration and Power of Attorney for Patent Application

As below named inventors, we hereby declare that:

Our residences, post office addresses and citizenships are as stated below next to our names,

We believe that we are the original, first and joint inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled **OPTICAL COMMUNICATION NETWORK AND COMPONENT THEREFORE**, the specification of which

is attached hereto.

(Check one)

was filed on _____ as
 Application Serial Number _____
 and was amended on _____
 _____ (if applicable)

was filed as a PCT on 14 December 2004 as
 PCT Application Number PCT/EP2004/053441
 and was amended on 23 June 2006
 _____ (if applicable)

We hereby state that we have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

We acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to us which is material to patentability (as defined in C.F.R. §1.56) in connection with the examination of this application.

We hereby claim foreign benefits under Title 35, United States Code, §119 of any foreign or U.S. Provisional application(s) for patent or inventor's certificate listed below and have also identified below any foreign or U.S. Provisional application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign or U.S. Provisional Application(s)	<u>Priority Claimed</u>
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10360788.9 (Number)	Germany (Country)	23 December 2003 (Day/Month/Year Filed)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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_____ (Number)	_____ (Country)	_____ (Day/Month/Year Filed)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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We hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, we acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Application Serial No.)	(Filing Date)	(Status: Patented/Pending/Abandoned)
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(Application Serial No.)	(Filing Date)	(Status: Patented/Pending/Abandoned)

Power of Attorney: I hereby appoint the Attorneys and Patent Agents of **Coats & Bennett, P.L.L.C.**, as identified by Customer Number 24112 in the records of the United States Patent and Trademark Office and as updated from time to time, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

24112

Send Correspondence to: 1400 Crescent Green, Suite 300
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Direct Calls to: Stephen A. Herrera
(919) 854-1844

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We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SOLE OR FIRST INVENTOR:

Full name:	Steven	Ian	Pegg
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Signature:				Date:		
	First Name	Middle Name	Last Name	Year-	Month-	Day

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SECOND INVENTOR, IF ANY:

Full name:	Julien	Nicholas Vincent	Poirrier
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Signature:				Date:		
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THIRD INVENTOR, IF ANY:

Full name: Robert Richard Packham
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Signature: _____ Date: _____
First Name Middle Name Last Name Year- Month- Day

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FOURTH INVENTOR, IF ANY:

Full name: Hayden Scott Fews
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First Name Middle Name Last Name Year- Month- Day

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